NOV 1 2 2009

Doc Code: PET.POA.WDRW

Document Description: Petition to withdraw attorney or agent (SB83)

PTO/SB/83 (11-08)
Approved for use through 11/30/2011, OMB 0851-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
d to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to resp

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

| | and the state of t |
|------------------------|--|
| Application Number | 10/535743 |
| Filing Date | MAY 20 2005 |
| First Named Inventor | DAN Duros |
| Art Unit | 2448 |
| Examiner Name | COX, Natisha D |
| Attorney Docket Number | |

| Pulomey blanct realities | | | | |
|---|-----------------------|--|--|--|
| To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | |
| Please withdraw me as attorney or agent for the above identified patent application, and | | | | |
| all the practitioners of record; | | | | |
| the practitioners (with registration numbers) of record listed on the attached paper(s); or | | | | |
| the practitioners of record associated with Customer Number: | | | | |
| NOTE: The immediately preceding box should only be marked when the practitioners were appointed to Customer Number. | using the listed | | | |
| The reason(s) for this request are those described in 37 CFR: | to 151 | | | |
| 10.40(b)(1) 10.40(b)(2) 10.40(b)(3) | 10.40(b)(4) | | | |
| 10.40(c)(1)(i) 10.40(c)(1)(ii) 10.40(c)(1)(iii) | 10.40(c)(1)(iv) | | | |
| 10.40(c)(1)(v) 10.40(c)(1)(vi) 10.40(c)(2) | 10.40(c)(3) | | | |
| 10.40(c)(4) | Tomulation | | | |
| | | | | |
| | ; ; å | | | |
| | 1 | | | |
| | | | | |
| Certifications | | | | |
| Check each box below that is factually correct. WARNING: If a box is left unchecked, the rebe approved. | quest will likely not | | | |
| We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment. | | | | |
| 2. I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled. | | | | |
| 3. X I/We have notified the client of any responses that may be due and the time frame within which the client must respond. | | | | |
| Please provide an explanation, if necessary: | | | | |
| | | | | |
| | | | | |
| | | | | |

[Page 1 of 2] This collection of information is required by 37 CFR 1,38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application, Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1,11 and 1,14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form englor suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Allowand M.A. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patente, P.O. Box 1450, Alexandria, VA 22313-1450.

ff you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

NOV 1 2 2009

1107 12 2000

PTO/SB/B3 (11-08)
Approved for use through 11/30/2011. OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS | | | | |
|--|------------------------|----------------------|--|--|
| Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71. | | | | |
| Change the correspondence address and direct all future correspondence to: | | | | |
| AThe address of the inventor or assignee associated with Customer Number: | | | | |
| OR AHN: | | | | |
| B. X Inventor or DAN DUROS / DR LUDWIG BRANN PAtentbyra AB | | | | |
| Address C/o Box 171 92 5E-104 62 | | | | |
| City Stock holm State | Zip | Country SWEDEN | | |
| Telephone 46/0) 8 429 10 00 | mail brann o brann | . s.e. | | |
| I am authorized to sign on behalf of myself and all withdrawing practitioners. | | | | |
| Signature / / // / | | | | |
| Name DEBORAH NEVILLE | Registration No. | 34886 | | |
| Address Pc Box 61063 | | il notices. | | |
| City PALO ALTO State (A | Zip 94306 Count | ry (25) 1997 / 96.00 | | |
| Date NOVEMBEL 8, 2009 | Telephone No. 650 - 29 | 83-0848 | | |
| NOTE: Withdrawal is effective when approved rather than when received. | | | | |

[Page 2 of 2]

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentistity is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the inclinicus case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officor, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patenta, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.